



**Request for Taxpayer  
Information**

City of Corvallis  
Accounts Payable  
500 SW Madison Avenue  
PO Box 1083  
Corvallis, OR 97339  
[APinvoice@corvallisoregon.gov](mailto:APinvoice@corvallisoregon.gov)  
PH: (541) 766.6950  
Fax: (541) 754.1729

Name (as shown on your income tax return):											
DBA Name:											
Name to be printed on check:											
Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes:											
<input type="checkbox"/> Individual/sole proprietor or single-member LLL	<input type="checkbox"/> Partnership	<input type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation									
<input type="checkbox"/> Governmental Agency	<input type="checkbox"/> Other (explain) _____										
Remit Address (number, street, and apt. or suite no.):											
City, state, and ZIP code:											
Phone #:	Fax #:	Email Address:									
Enter your TIN in the appropriate box. The TIN provided must match the name given on the top line. For individuals, this is generally your social security number.											
Social Security Number:											
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Employer Identification Number											
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Name of department you will be doing business with:											

According to the IRS regulations we must request that our vendors furnish us with their tax status and tax identification number for use in filing our IRS form 1099-MISC. A form will not be filed if the total paid to an individual vendor does not exceed \$600.00 per year.

If you do not provide us with this information, the IRS requires us to withhold 28% of the amount due to you.

**Certification:**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

<b>Sign Here</b>	Signature →	Date →
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**Certification instructions:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply.

**When completed please hand deliver, mail, email, or fax to the address in the upper right hand corner.**



500 SW Madison Avenue  
PO Box 1083

Corvallis, OR 97339

[Treasury.support@corvallisoregon.gov](mailto:Treasury.support@corvallisoregon.gov)

PH: (541) 766.6738

Fax: (541) 754.1729

City of Corvallis  
Treasury Department

The City of Corvallis (City) preferred method of payment is EFT (Electronic Funds Transfer). EFT stands for "Electronic Funds Transfer" and represents the way your business can receive direct deposit of all payments from the City to your company's bank account. Once you sign up, money comes to you directly and sooner than ever before. EFT is Fast, Safe, and means that your money will be confirmed in your bank account quicker than if you have to wait for the mail, deposit your check, and wait for the funds to become available. EFT saves the City money and is more efficient for the payee.

All you have to do is complete the form on the back of this letter, print it, sign, and mail or email (see letterhead for information). We will take care of the rest. Within one week you will be fully established on EFT and can start receiving your money sooner. Enhance your cash flow management and sign up today!

You will receive an email notifying you when your payment has been posted to your bank account. If you have an EFT credit filter on your account, you will need to notify your bank that the City of Corvallis is authorized to credit your bank account. If you have questions please call 541-766-6738.

If you change the checking account you are using to receive EFT payments from City, you will need to notify the City by submitting a new form so that we can make the appropriate changes to deposit the money to the correct account.

You will be responsible for all fees that may be assessed by your bank for the receipt of an EFT payment. Contact your bank if you have any questions.

The City's payment cycles (number of times vendors are paid monthly) are the 17th and last working day of the month. Payments will be credited to your account within one banking day after the check run date.

If you have questions please call Treasury at 541-766-6738.

Form is on the back.

**City of Corvallis Accounts Payable  
Authorization Agreement for Direct Deposit (EFT)**

I hereby authorize the City of Corvallis to initiate credit entries in the amount of monies owed by the City of Corvallis to the checking account number on the voided check below:

Vendor Name:	
Vendor Address:	
City, State, Zip:	
Contact Name:	
Contact Phone Number:	
Position Title:	
Email Address to send payment information to:	
Signature:	

**Attach voided check or a copy of a check.**

For assistance in completing the Electronic Funds Transfer (EFT) Enrollment Form, please contact Treasury at (541) 766-6738.

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